## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09415757

1		CLA	IMS AS	SMALL	ENTITY		OTHER	THAN				
			(Column 1)			(Column 2)			OR	SMALL		
FOR			NUMBE	R FILED	NUMBE	R EXTRA	RATE	FEE	1	RATE	FEE	
BASIC FEE								345.00	OR		690.00	
TOTAL CLAIMS			19	minus	20= *		X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS 3				minus	3 = *		X39=		OR	X78=		
MULTIPLE DEPENDENT CLAIM PRESENT							+130=			+260=		
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	101	
CLAIMS AS AMENDED - PART II							TOTAL	<u> </u>	Oh		4910	
(Column 1) (Column 2) (Column 3)											OTHER THAN SMALL ENTITY	
AMENDMENT A	A	REMA AF	AIMS AINING TER DMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ND	Total	· 2	6	Minus	·· 20	= 6	X\$ 9=	!	OR	X\$18=	188	
AME	Independent	* _	N OF MI	Minus	PENDENT CLA	= 2_	X39=		OR	X78=	168	
l	TINOTTRESE	INTALIO	IN OF MIC	DETIPLE DEF	ENDENT CLA	IIVI	+130=		OR	+260=		
							TOTAL	:	اما	TOTAL	Rin	
		(Colu	mn 1)		(Column 2)	(Column 3)	ADDIT. FEE		] •	ADDIT. FEE		
m	. 12	CLA	MS		HIGHEST			ADDI-	1		ADDI-	
AMENDMENT B	10/20/10	AF	INING TER DMENT		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE :	TIONAL		RATE	TIONAL FEE	
NON	Total	$\dot{Q}$	Q	Minus	·· 36	=	X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	* I	<del>U</del>	Minus	*** <u>5</u>	= //	X39=		OR	x X =	588	
	TINOTTNESE	MIANO	V OF IVIC	CHPLE DEF	ENDENT CLAI	M	+130=		OR	+260=		
					•		TOTAL			TOTAL	58X	
		(Colui	mn 1)		(Column 2)	(Column 3)	ADDIT. FEE L		1	ADDIT. FEE	· · · · · ·	
					HIGHEST		T	ADDI-	í		ADDI-	
ENT C		CLA REMA AFT AMEND	INING ER		NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	TIONAL		RATE	TIONAL	
	Total	REMA AFT	INING ER DMEN!T	Minus	PREVIOUSLY			TIONAL FEE	OB			
	Total Independent	REMA AFT	INING ER DMEN!T	Minus Minus	PREVIOUSLY PAID FOR	EXTRA	X\$ 9=	TIONAL FEE	OR	X\$18=	TIONAL	
AMENDMENT		REMA AFT AMEND	INING ER DMEN!T	Minus	PREVIOUSLY PAID FOR ***	= = =		TIONAL FEE	OR OR		TIONAL	
AMENDMENT	Independent	REMA AFT AMEND  *  *  *  *  *  *  *  *  *  *  *  *  *	INING ER DMEN:T	Minus LTIPLE DEP	PREVIOUSLY PAID FOR  **  **  ENDENT CLAI	EXTRA  =  =  M	X\$ 9=	TIONAL FEE	-3	X\$18=	TIONAL	